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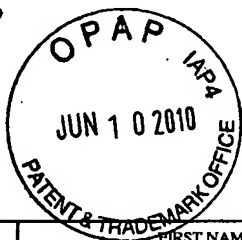
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7590

03/25/2010

Robert A. Kent
Halliburton Energy Services
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Holly Fine (Depositor's name)
Holly Fine (Signature)
6-10-10 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
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10/664,126

09/17/2003

Bradley L. Todd

2003-IP-010228U1

4729

TITLE OF INVENTION: IMPROVED SUBTERRANEAN TREATMENT FLUIDS COMPRISING A DEGRADABLE BRIDGING AGENT AND METHODS OF TREATING SUBTERRANEAN FORMATIONS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1510	\$300	\$0	\$1810	06/25/2010
EXAMINER	ART UNIT	CLASS-SUBCLASS				
FIGUEROA, JOHN J	1796	507-110000				

06/10/2010 MBELETE2 00000103 000300 10664126

01 FC:1501 1510.00 DA
02 FC:1504 300.00 DA

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Craig W. Roddy
2 Robert A. Kent
3 Baker Botts, LLP

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Halliburton Energy Services, Inc., Duncan, OK, USA

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

- ☒ Issue Fee
☒ Publication Fee (No small entity discount permitted)
☐ Advance Order - # of Copies _____

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☒ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 08-0300 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Craig W. Roddy
Craig W. Roddy

Date

6-9-10

Typed or printed name

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36,256

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